COMPREHENSIVE PAIN & NEUROLOGY CENTER

Fax this Referral Form to 615-410-4250

PROCEDURE ONLY

- ☐ **Interlaminar ESI**
  - ☐ Cervical ☐ Lumbar
- ☐ **Transforaminal ESI**
  - ☐ Cervical ☐ Lumbar
    - ☐ Left ☐ Right
- ☐ **Lumbar Puncture**
- ☐ **Neuromodulation Trial**
- ☐ **Blood Patch**
- ☐ **SI Pain/SI Fusion**
- ☐ **Lumbar Stenosis/Vertiflex**
- ☐ **Pain Evaluation & Treatment**
- ☐ **Peripheral Neuropathy Evaluation & Treatment**
- ☐ **Headache Evaluation & Treatment**
  - ☐ Botox Trial
- ☐ **Pain Psychology Evaluation & Treatment**
- ☐ **Osteoporosis Evaluation & Treatment**
- ☐ **Kyphoplasty**

Please complete the information below or attach a copy of the patient's demographics.
Include pertinent clinic notes and imaging records with a legible copy of all insurance cards.

PATIENT INFORMATION

Name _____ _____ _____ **DOB** _____ ☐ **M** ☐ **F**
First Middle Last

Address _____ **City** _____ **State** ____ **ZIP** _____

Social Security Number _____-_____-_____ **Phone** _____

PRIMARY INSURANCE PLAN

Payer _____ **Plan** _____ **Policy #** _____ **Group #** _____

Policyholder Name _____ **Social Security Number** _____-_____-_____

Relationship to Patient _____ **Policyholder's DOB** _____

REFERRING OFFICE

Name of Provider _____ **Referring Coordinator Name** _____

Address _____ **City** _____ **State** ____ **ZIP** _____

Phone _____ **Fax** _____ **Provider NPI** _____

We accept all many major medical insurance plans. We will contact the patient to schedule an appointment.
Please call our Scheduling Staff at 615-410-4990, option 3, with any questions.
Additional referral forms can be downloaded at www.tnpainexperts.com/referrals